

POSITION	ID NO.	DATE
CLASSIFIER		19
EXAMINER		10/1/67
TYPIST		10/1/67
VERIFIER		
CORPS CORR.		
SPEC. HAND		
FILE MAINT.		
DRAFTING		

INDEX OF CLAIMS

Claim	Date
1	5/3/67
2	5/3/67
3	5/3/67
4	5/3/67
5	5/3/67
6	5/3/67
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SYMBOLS

✓ Rejected
= Allowed
- (Through number) Canceled
+ Restricted
N Non-elected
I Interference
A Appeal
O Objected

Claim	Date
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